UNIVERSITY OF KENTUCKY
Graduate Center for Gerontology

GRADUATE CERTIFICATE IN GERONTOLOGY

Practicum
Preceptor's Mid-Term Evaluation of Student's Progress

Student Name: _____

Practicum Site: _____

1. Is the student on target to complete the learning objectives approved in his/her learning plan? Please describe.

2. If not, what plans are being made to assist the student in meeting these objectives by the end of the semester?

3. Is the student establishing good professional relationships with co-workers and clients?

4. Additional comments on the student's progress and practicum experience thus far.

Date reviewed mid-term evaluation with student: _____

Preceptor signature: _____ Date: _____

If you have any questions or concerns at this point in the practicum, please feel free to contact Barbara J. Helm at 257-8301.